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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* 60

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### Foreign Limited Liability Company EMPIRE STRUCTURAL GROUP, LLC

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September 20, 2017

#### FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: EMPIRE STRUCTURAL GROUP, LLC

REF: W17000074768

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker FAX Aud. #: H17000244904 Regulatory Specialist II Letter Number: 417A00018981

#### COVER LETTER

	Registration Section Division of Corporation	15						
SUBJEC		EMPIRE STRUCTURAL GROUP, LLC						
,70 D3 L3.		Name of	Limited Liability C	ompany				
The encl Existence	osed "Application by Fore, and check are submitte	reign Limited Liability Comp d to register the above refere	pany for Authorizat enced foreign limite	ion to Tran d liability (	sact Business in Flo company to transact	rida," Certi business in	ficate of Florida.	
Please re	turn all correspondence	concerning this matter to the	following:					
	LISIA	Blangifoet	<u> </u>					
	_	_ i .	ame of Person	,				
	Empir	<u>e Structurz</u>	M 620	), (ji				
	214-0			je L	16	<del></del>		
	Brysi	de-ny 1	1361 State and Zip Code					
	lisae	E-mail address: (10 be used	d for future annual	O), Co	OVO lication)	<del></del>		
For furth	ner information concerning	g this matter, please call:				••	. 17	
	USA BIAI	VQTFORT	at (516) Area Code	ZSC Dayti	me Telephone Num	ber F	SEP 20	
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division o Registratio Clifton Bu 2661 Exec		FLORID;	AN 8: 45	
Enclosed	l is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  \$\Bigsir \text{S130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing	-	<b>国</b> \$160.00 Filing F of Status & Certific		Me	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLEMENT SECTION 68-6N2 FLORIDA SEMULES THE FOLLOWING IS SUMMETED TO REGISTER A FORESCE TIMITED HABILITY COMPANY ROTRANS OF BIOMESS IN THE SEME-OF FLORIDA

1. EMPIRE STRUCTURAL GROUP, LLC  (Name of Loseign Limited Liability Company, must include "Limited F	(ability Company ""L.L.C." or "LLC")
It make uravailable, once alternate more adopted to the purpose of transacting business in Florida	<ul> <li>The alternate name must include "Limited Liability Company," "L.L.C," or "LLC,")</li> </ul>
, NEW YORK	3. <u>47-1352108</u>
(Presidetion make the law of which kneem limited liability company is organized)	(EE) number, if applicable)
4.	<u> </u>
(Date first it meatined business in Florida, it prior to regi (See sections 608-0201-8, 608-0205, F.S. to determine	penalty liability}
5. 214-41 42pd Ave Suite 46	a (14.41 4/nd five, Suite 46
Street Address of Francipal Office	Mails do Mil 11261
17 1001	17993106 119 11701
7 Al	NOT automobile)
7. Name and street address of Plorida registered agent: (P.O. Box 5	sor_acceptable)
Name: Lisa Blangiforti	<del></del>
Office Address: 401 EAH CA) Olay Bl	lud:Suite 130-450
For Minerchie	32301
(City)	
Registered agent's acceptance:	
Having been named as registered agent and to accept service of pro- designated in this application, I hereby accept the appointment as r	
to comply with the provisions of all statutes relative to the proper a	
and accept the obligations of my position as registered agent.	1-0
Tota Flance	(QD)
(Registered agent's sign	nature)
8. The name, title or capacity and address of the person(s) who has/l	have authority to manage is/are:
Title or Capacity: Name and Address:	Title or Capacity: Name and Address:
- Member - Una Blanquio eti	6.6
214-UT 47nd Nuphve	102/
2011 AD : 131/21015 11A	11361
(Use attachments if necessary)	
9. Attached is a certificate of existence, no more than 90 days old, du	ally authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate i	is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)	
10. This document is executed in accordance with section 605.0203 (	(1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third	degree felony as provided for in s.817.155, F.S.
to Plans	MRA
Signature of	an authorized person
Lisa Rinnernal	<u>.</u>
Typed or or	inted name of signee

# State of New York Department of State } ss:

I hereby certify, that EMPIRE STRUCTURAL GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/11/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of EMPIRE STRUCTURAL GROUP, LLC was filed on 09/12/2014.

A Biennial Statement was filed 09/15/2017.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 15th day of September two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State 7 SEP 20 AH 8: 45

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